

**Kentucky Labor Cabinet
Department of Workplace Standards
Division of Occupational Safety and Health Compliance**

Notice of Alleged Safety or Health Hazards

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Kentucky Labor Cabinet.

KRS Chapter 338.121 provides:

“Any employee, or representative of employees, who believes that a violation of an occupational safety and health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the commissioner of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon the request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy.”

“No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this chapter or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this chapter.”

“Any employee who believes that he or she has been discharged or otherwise discriminated against by any person in violation of this subsection may, within 120 days after such violation occurs, file a complaint with the executive director alleging such discrimination.”

INSTRUCTIONS

Complete this form as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. Include particular information that supports your belief that a hazard exists such as a recent accident or physical symptoms of employees at your site. Continue on another page if you need more space than is provided on this form.

After you have completed the form, return it to:

**KENTUCKY LABOR CABINET
DEPARTMENT OF WORKPLACE STANDARDS
DIVISION OF OSH COMPLIANCE
1047 US HWY 127 SOUTH, SUITE 4
FRANKFORT, KY 40601**

FAX: (502) 564-5723

PHONE: (502) 564-3070

Notice of Alleged Safety or Health Hazard
Kentucky Labor Cabinet
Division of Occupational Safety and Health Compliance

1. Date		Complaint Number (Office Use Only)
2. Employer Name		
3. Employer Location Street, City, Zip		
4. Employer Mailing Address Street, City, State, Zip		
5. Management Official		6. Telephone Number
7. Type of Business		
8. Hazard Description Describe the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard.		
9. Hazard Location: Specify the building or worksite.		

10. Has the condition been brought to the attention of (mark X in all that apply)? <input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify)			
11. Please indicate your desire (mark X). <input type="checkbox"/> Do not reveal my name <input type="checkbox"/> My name may be revealed to employer			
12. The undersigned (mark X) <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Federal Safety & Health Committee <input type="checkbox"/> Former Employee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (Specify) ...believes that a violation of an occupational safety or health standard exists which is a job safety or health hazard at the establishment or site identified on this form.			
13. Your Name Please Print		14. Your Telephone Number	
15. Your Address Street, State, Zip			
16. Your Signature (Note: Must be signed per KRS 338.121)		17. Date	
18. If you are an authorized representative of employees affected by this complaint: Your Organization: Your Title:			
THE SECTION BELOW IS FOR OFFICE USE ONLY			
19. Reporting ID		20. Previous Activity: If yes, type: Number:	
21. City Code		22. County Code	
23. Received By		24. Date	
25. Supervisor Assigned A. B.		26. Primary SIC	
27. Ownership (mark X) <input type="checkbox"/> Private Sector <input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Agency			
28. Evaluated By			
29. Subject and Severity: Safety <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Serious <input type="checkbox"/> Other: Health <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Serious <input type="checkbox"/> Other:			
30. Discrimination:			
31. Is complaint valid?	32. Formality Formal <input type="checkbox"/> Informal <input type="checkbox"/>		33. Migrant Farm Worker Camp
34. Inspection planned? Priority: If no, reason:			
35. Transfer Information:			35. Date Transferred
36. Send Letter <input type="checkbox"/> d. Nonformal complaint notification to employer. Complainant notified. Explanation of employee's rights. <input type="checkbox"/> e. Complaint notification with letter. Name not revealed. Explanation of employee's rights.			
37. Date Letter Sent	38. Response due for letter d.	39. Response due for letter e.	
40. Comments			